

FIGURE 1

3 205 2070^a 211²¹⁰ — 212²¹⁰ 214

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200

Figure 2

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Title

Anesthesia Adult Outpatient (Anesthesiologist)

320

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Language English Patient

A 01A-H000 Anesthesia Adult Inpatient (Anesthesiologist)

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340

Administration of Anesthesia Adult Inpatient

Anesthesia is planned for the following procedure:

Date and Time:

Facility or practice where procedure will take place:

Physician/Caregiver performing procedure:

Contact Number:

Prefix: Patient's First Name: MI: Last Name: Suffix:

Date of Birth: Address:

Patient ID:

Surrogate Decision-maker: Prefix: First Name: MI: Last Name: Suffix:

Relationship to Patient:

Dear Patient:

Tests and treatments that may be painful are often performed under anesthesia. Several types of anesthesia are available. These types can be used alone or combined with each other to meet your needs. This document provides general information about the types of anesthesia and how they are carried out. It also gives information about the potential benefits and possible risks of anesthesia, anesthesia alternatives and what might happen if you choose to refuse the anesthesia. This information will help you make an informed decision and prepare you to talk with your anesthesiologist about the anesthesia. You will have an opportunity to ask questions and discuss the specifics of your case with your anesthesiologist.

In order for your anesthesiologist to provide information about the risks and benefits in your specific case, it is

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300

Figure 3

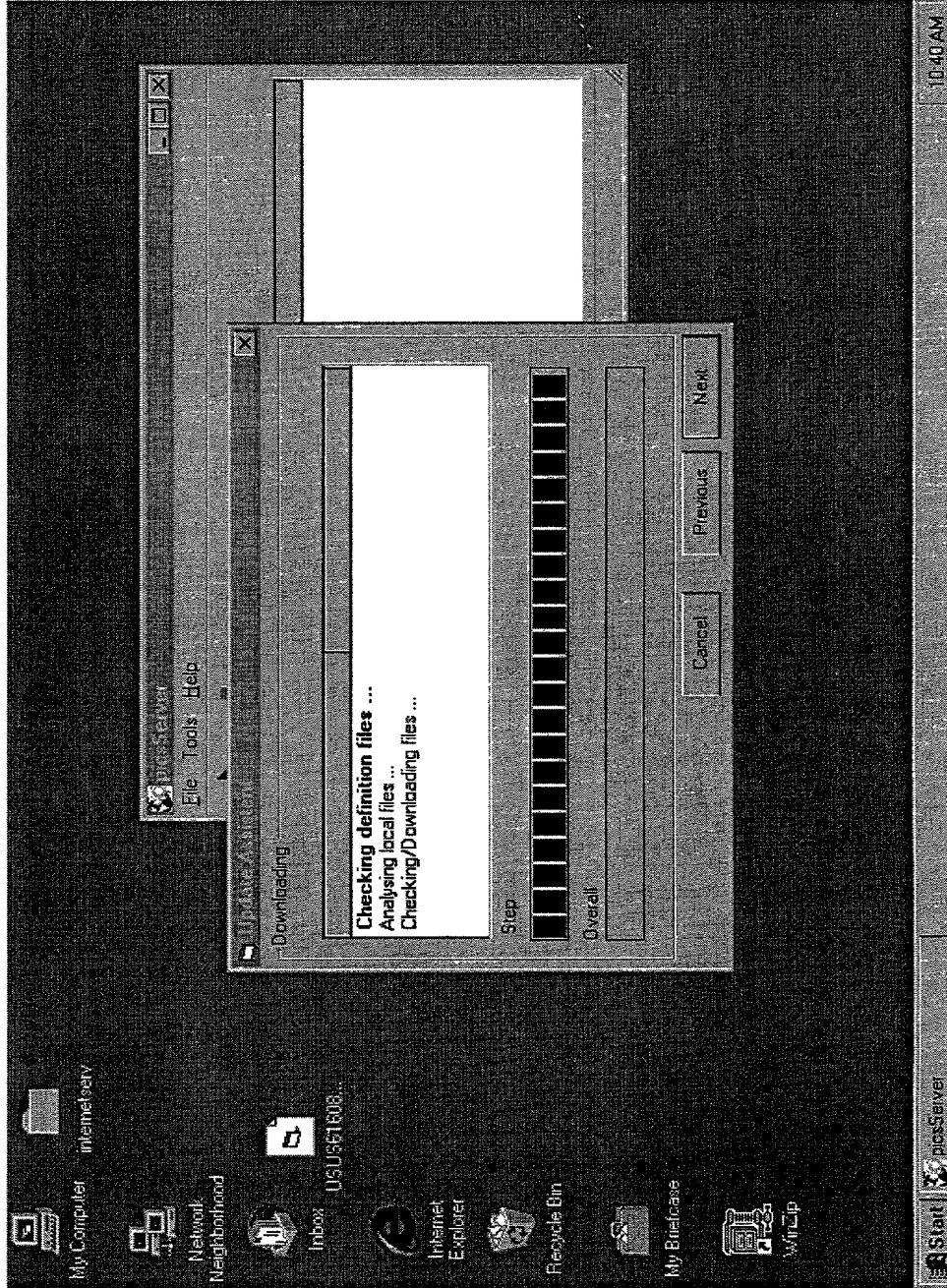


Figure 5 500

Administration of

ID	Lastname	Firstname	Birthdate	Street	City
3	Belcher	Amelia	08/12/1975	1246 Stone River Rd	Richmond
2	Bracco	Lora	05/30/1970	6334 Stuart Ave	Richmond
5	Dobbs	Douglas	03/13/1959	4202 Riverdale Ave	Glen Allen
6	Leonard	Jimmy	04/04/1942	577 12th street	West Point
1	Meacham	Charles	02/26/1956	1523 Dinwiddie Ave	Richmond
4	Sneed	Brian	11/25/1947	3255 Chestnut Spring Pl	Richmond

760

771

773

770

775

700

Figure 7

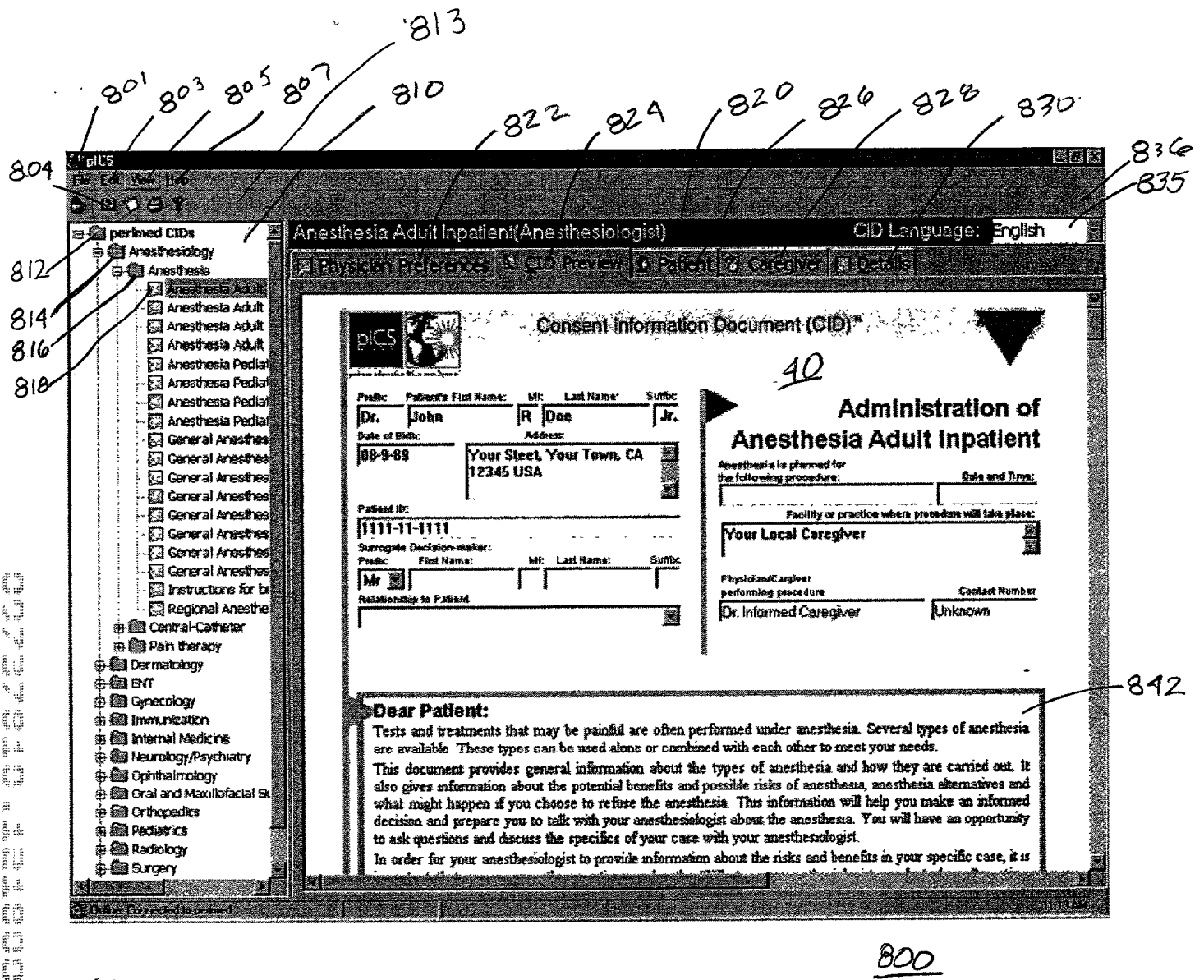


Figure 8

940

Consent Information Document (CID)SM

Administration of Anesthesia Adult Inpatient

Anesthesia is planned for the following procedure: _____ Date and Time: _____

Facility or practice where procedure will take place: _____

Your Local Caregiver

Physician/Caregiver performing procedure: _____ Contact Number: _____

Dr. Informed Caregiver: _____ Unknown

950

900

Figure 9

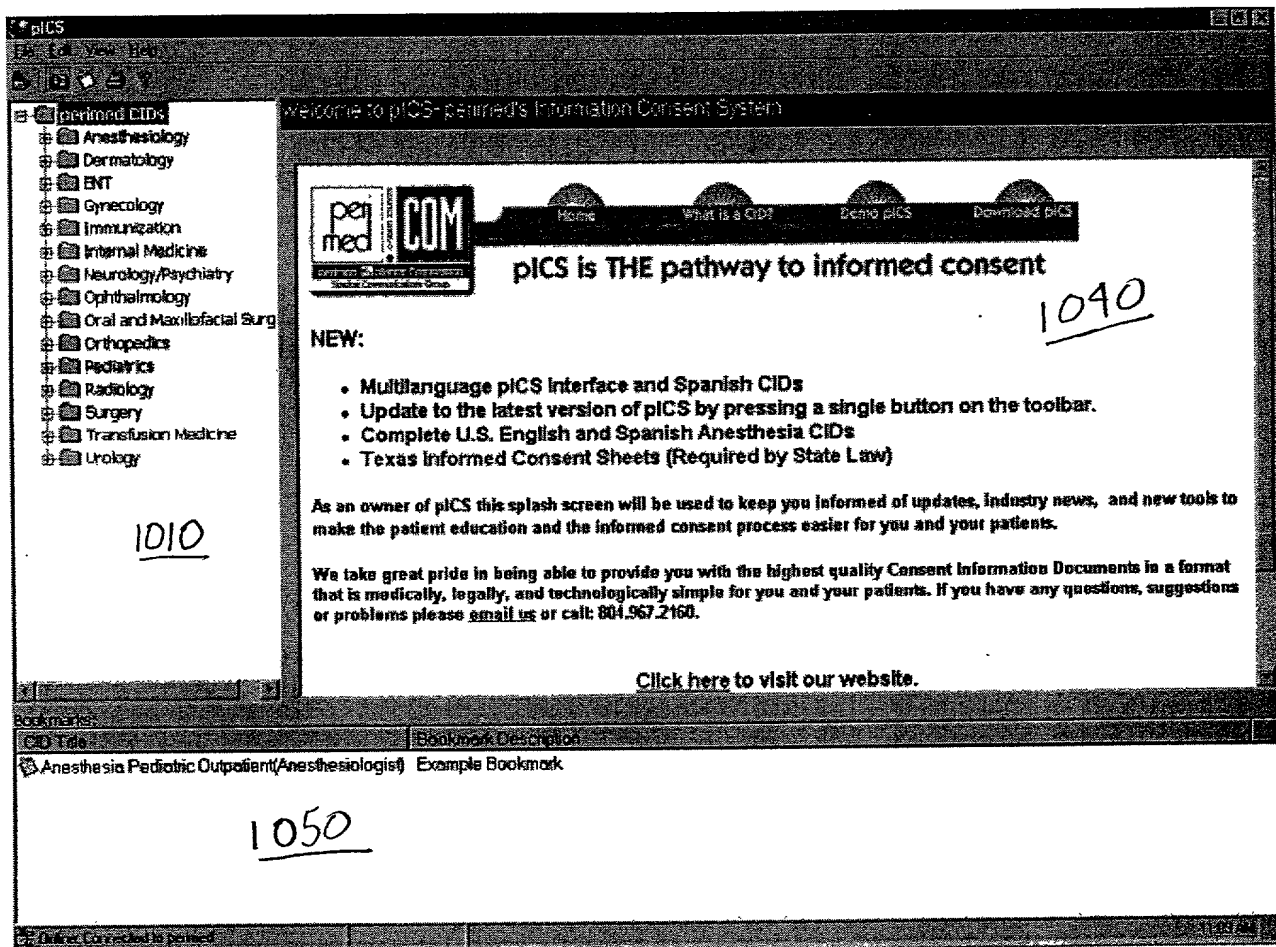
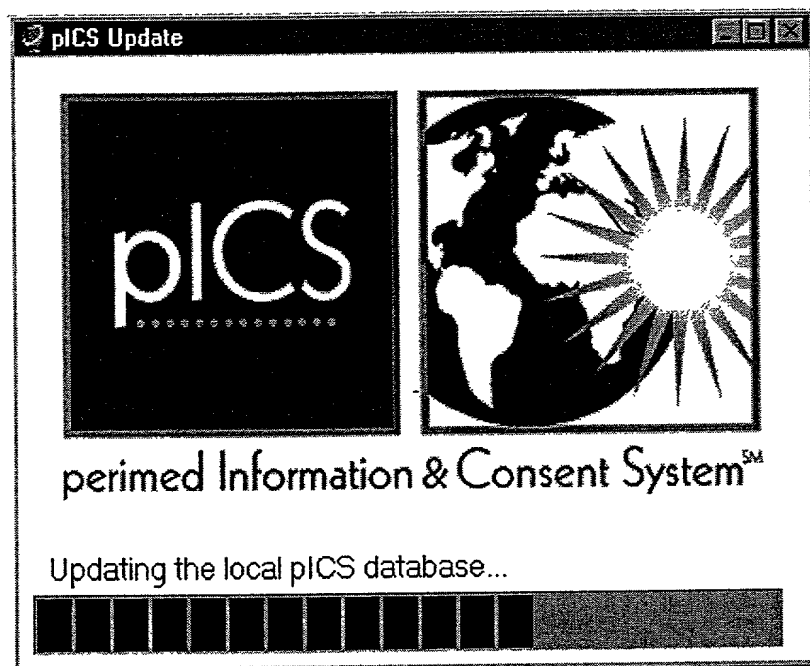


Figure 10



1100

Figure 11

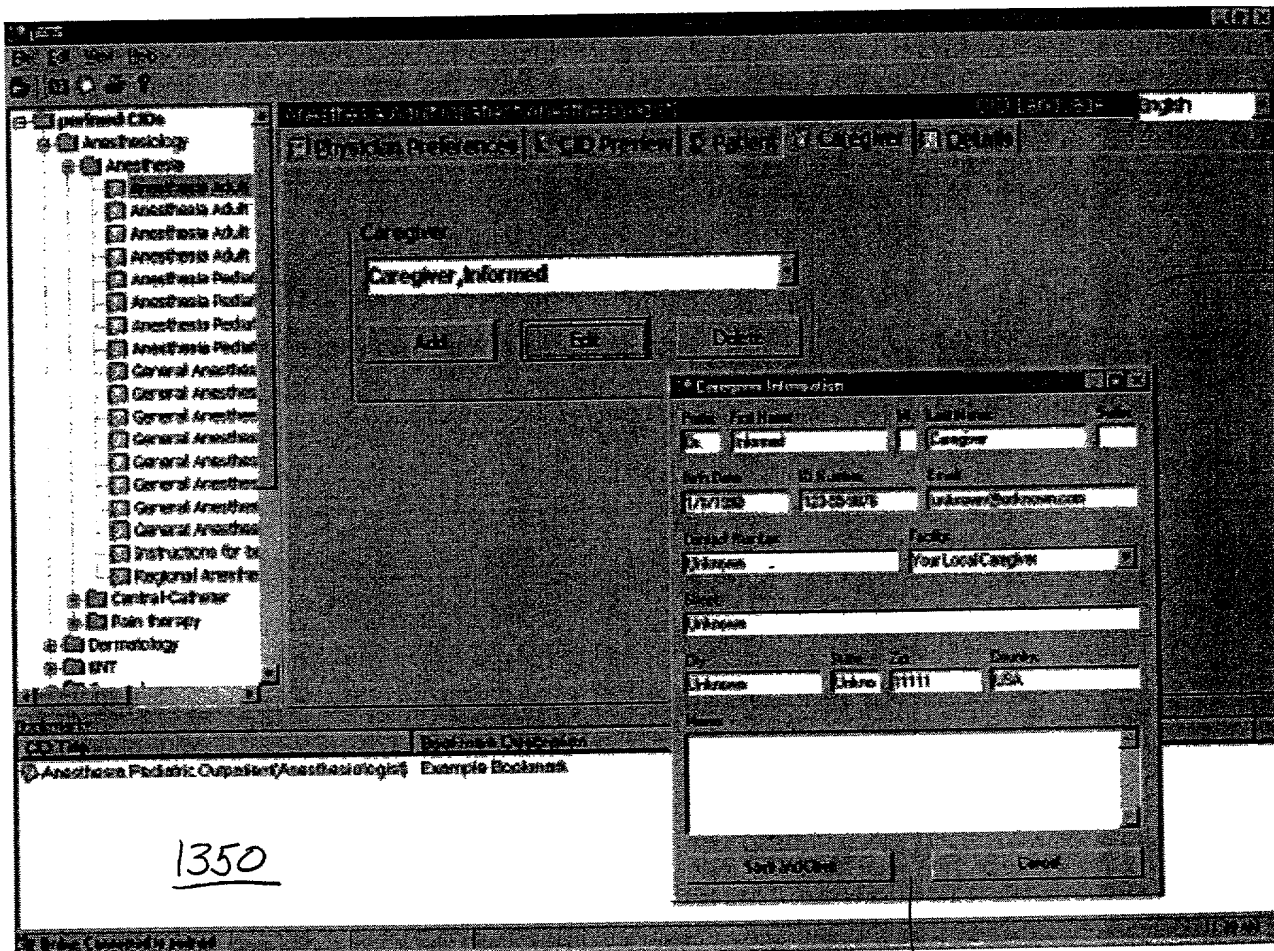


Figure 13